

**LONG TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID**

Standard Survey

From F1  To F2   
M M D D Y Y M M D D Y Y

Extended Survey

From F3  To F4   
M M D D Y Y M M D D Y Y

Name of Facility		Provider Number		Fiscal Year ending: F5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y	
Street Address		City	County	State	Zip Code
Telephone Number: F6		State/County Code: F7		State/Region Code: F8	

A. F9

- 01 Skilled Nursing Facility (SNF) - Medicare Participation  
02 Nursing Facility (NF) - Medicaid Participation  
03 SNF/NF - Medicare/Medicaid

B. Is this facility hospital based? F10 Yes ☐ No ☐

If yes, indicate Hospital Provider Number F11

Ownership F12

**For Profit**

- 01 Individual  
02 Partnership  
03 Corporation

**NonProfit**

- 04 Church Related  
05 Nonprofit Corporation  
06 Other Nonprofit

**Government**

- 07 State  
08 County  
09 City  
10 City/County  
11 Hospital District  
12 Federal

Owned or leased by Multi-Facility Organization F13 Yes ☐ No ☐

Name of Multi-Facility Organization F14

Dedicated Special Care Units (show number of beds for all that apply)

- |  |                                  |  |                                  |
|--|----------------------------------|--|----------------------------------|
| F15 <input type="text"/> <input type="text"/> <input type="text"/> | AIDS                             | F16 <input type="text"/> <input type="text"/> <input type="text"/> | Alzheimer's Disease              |
| F17 <input type="text"/> <input type="text"/> <input type="text"/> | Dialysis                         | F18 <input type="text"/> <input type="text"/> <input type="text"/> | Disabled Children / Young Adults |
| F19 <input type="text"/> <input type="text"/> <input type="text"/> | Head Trauma                      | F20 <input type="text"/> <input type="text"/> <input type="text"/> | Hospice                          |
| F21 <input type="text"/> <input type="text"/> <input type="text"/> | Huntington's Disease             | F22 <input type="text"/> <input type="text"/> <input type="text"/> | Ventilator / Respiratory Care    |
| F23 <input type="text"/> <input type="text"/> <input type="text"/> | Other Specialized Rehabilitation |  |                                  |

Does the facility currently have an organized residents group?	F24	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the facility currently have an organized group of family members of residents?	F25	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the facility conduct experimental research?	F26	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the facility part of a continuing care retirement community (CCRC)	F27	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the facility currently has a staffing waiver, indicate the type(s) of waiver(s) by writing in the date(s) of last approval. Indicate the number of hours waived for each type of waiver granted. If the facility does not have a waiver, write NA in the blanks.

Waiver of seven day RN requirement.	Date: F28 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours waived per week F29 _____
Waiver of 24 hr licensed nursing requirement.	Date: F30 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Hours waived per week F31 _____
	M M D D Y Y	

Does the facility currently have an approved Nurse Aide Training and Competency Evaluation Program F32 Yes ☐ No ☐

## FACILITY STAFFING

		A			B					C					D				
	Tag Number	Services Provided			Full - Time Staff (hours)					Part - Time Staff (hours)					Contract (hours)				
		1	2	3															
Administration	F33																		
Physician Services	F34																		
Medical Director	F35																		
Other Physician	F36																		
Physician Extender	F37																		
Nursing Services	F38																		
RN Director of Nurses	F39																		
Nurses with Admin. Duties	F40																		
Registered Nurses	F41																		
Licensed Practical/ Licensed Vocational Nurses	F42																		
Certified Nurse Aides	F43																		
Nurse Aides in Training	F44																		
Medication Aides/Technicians	F45																		
Pharmacists	F46																		
Dietary Services	F47																		
Dietitian	F48																		
Food Service Workers	F49																		
Therapeutic Services	F50																		
Occupational Therapists	F51																		
Occupational Therapy Assistants	F52																		
Occupational Therapy Aides	F53																		
Physical Therapists	F54																		
Physical Therapy Assistants	F55																		
Physical Therapy Aides	F56																		
Speech/Language Pathologist	F57																		
Therapeutic Recreation Specialist	F58																		
Qualified Activities Professional	F59																		
Other Activities Staff	F60																		
Qualified Social Workers	F61																		
Other Social Services Staff	F62																		
Dentists	F63																		
Podiatrists	F64																		
Mental Health Services	F65																		
Vocational Services	F66																		
Clinical Laboratory Services	F67																		
Diagnostic X-ray Services	F68																		
Administration and Storage of Blood	F69																		
Housekeeping Services	F70																		
Other	F71																		

Name of Person Completing Form	Time
Signature	Date

**GENERAL INSTRUCTIONS AND DEFINITIONS**  
**(use with HCFA-671 Long Term Care Facility Application for Medicare and Medicaid)**  
**GENERAL INSTRUCTIONS**

**THIS FORM IS TO BE COMPLETED BY THE FACILITY**

Standard Survey - LEAVE BLANK - Survey team will complete  
Extended Survey - LEAVE BLANK - Survey team will complete

**INSTRUCTIONS AND DEFINITIONS**

Name of Facility - Use the official name of the facility for business and mailing purposes. This includes components or units of a larger institution.

Provider Number - Leave blank on initial certifications. On all recertifications, insert the facility's assigned six-digit provider code.

Street Address - Street name and number refers to physical location, not mailing address, if two addresses differ.

City - Rural addresses should include the city of the nearest post office.

County - County refers to parish name in Louisiana and township name where appropriate in the New England States.

State - For U.S. possessions and trust territories, name is included in lieu of the State.

Zip Code - Zip Code refers to the "Zip-plus-four" code, if available, otherwise the standard Zip Code.

Telephone Number - Include the area code.

State/County Code - LEAVE BLANK - State Survey Office will complete.

State/Region Code - LEAVE BLANK - State Survey Office will complete.

Block F9 - Enter either 01 (SNF), 02 (NF), or 03 (SNF/NF).

Block F10 - If the facility is under administrative control of a hospital, check "yes", otherwise check "no".

Block F11 - The hospital provider number is the hospital's assigned six-digit Medicare provider number.

Block F12 - Identify the type of organization that controls and operates the facility. Enter the code as identified for that organization (e.g., for a for profit facility owned by an individual, enter 01 in the F12 block; a facility owned by a city government would be entered as 09 in the F12 block.)

Definitions to determine ownership are:

FOR PROFIT - If operated under private commercial ownership, indicate whether owned by individual, partnership, or corporation.

NONPROFIT - If operated under voluntary or other nonprofit auspices, indicate whether church related, nonprofit corporation or other nonprofit.

GOVERNMENT - If operated by a governmental entity, indicate whether State, City, Hospital District, County, City/County, or Federal Government.

Block F13 - Check "yes" if the facility is owned or leased by a multi-facility organization, otherwise check "no". A Multi-Facility Organization is an organization that owns two or more long term care facilities. The owner may be an individual or a corporation. Leasing of facilities by corporate chains is included in this definition.

Block F14 - If applicable, enter the name of the multi-facility organization. Use the name of the corporate ownership of the multi-facility organization (e.g., if the name of the facility is Soft Breezes Home and the name of the multi-facility organization that owns Soft Breezes is XYZ Enterprises, enter XYZ Enterprises).

Block F15-F23 - Enter the number of beds in the facility's Dedicated Special Care Units. These are units with a specific number of beds, identified and dedicated by the facility for residents with specific needs/diagnoses. They need not be certified or recognized by regulatory authorities. For example, a SNF admits a large number of residents with head injuries. They have set aside 8 beds on the north wing, staffed with specifically trained personnel. Show "8" in F19.

Block F24 - Check "yes" if the facility currently has an organized residents group, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other; to plan resident and family activities; to participate in educational activities or for any other purposes; otherwise check "no".

Block F25 - Check "yes" if the facility currently has an organized group of family members of residents, i.e., a group(s) that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; to support each other, to plan resident and family activities; to participate in educational activities or for any other purpose; otherwise check "no".

**GENERAL INSTRUCTIONS AND DEFINITIONS**  
**(use with HCFA-671 Long Term Care Facility Application for Medicare and Medicaid)**

Block F26 - Check "yes" if the facility conducts experimental research; otherwise check "no". Experimental research means using residents to develop and test clinical treatments, such as a new drug or therapy, that involves treatment and control groups. For example, a clinical trial of a new drug would be experimental research.

Block F27 - Check "yes" if the facility is part of a continuing care retirement community (CCRC); otherwise check "no". A CCRC is any facility which operates under State regulation as a continuing care retirement community.

Blocks F28-F31 - If the facility has been granted a nurse staffing waiver by HCFA or the State Agency in accordance with the provisions at 42CFR 483.30(c) or (d), enter the last approval date of the waiver(s) and report the number of hours being waived for each type of waiver approval.

Block F32 - Check "yes" if the facility has a State approved Nurse Aide Training and Competency Evaluation Program; otherwise check "no".

Column A-1 - Refers to those services provided onsite to residents, either by employees or contractors.

Column A-2 - Refers to those services provided onsite to non-residents.

Column A-3 - Refers to those services provided to residents offsite/or not routinely provided onsite.

Column B - Full-time staff, C - Part-time staff, and D - Contract - Record hours worked for each field of full-time staff, part-time staff, and contract staff (do not include meal breaks of a half an hour or more). Full-time is defined as 35 or more hours worked per week. Part-time is anything less than 35 hours per week. Contract includes individuals under contract (e.g., a physical therapist) as well as organizations under contract (e.g., an agency to provide nurses). If an organization is under contract, calculate hours worked for the individuals provided. Lines blocked out (e.g., Physician services, Clinical labs) do not have hours worked recorded.

REMINDER - Use a 2-week period to calculate hours worked.

**FACILITY STAFFING**  
**GENERAL INSTRUCTIONS**

This form requires you to identify whether certain services are provided and to specify the number of hours worked providing those services. Column A requires you to enter "yes" or "no" about whether the services are provided onsite to residents, onsite to nonresidents, and offsite to residents. Columns B-D requires you to enter the specific number of hours worked providing the service. To complete this section, base your calculations on the staff hours worked in the most recent complete pay period. If the pay period is more than 2 weeks, use the last 14 days. For example, if this survey begins on a Tuesday, staff hours are counted for the previous complete pay period.

Definition of Hours Worked - Hours are reported rounded to the nearest whole hour. Do not count hours paid for any type of leave or non-work related absence from the facility. If the service is provided, but has not been provided in the 2-week pay period, check the service in Column A, but leave B, C, or D blank. If an individual provides service in more than one capacity, separate out the hours in each service performed. For example, if a staff person has worked a total of 80 hours in the pay period but has worked as an activity aide and as a Certified Nurse Aide, separately count the hours worked as a CNA and hours worked as an activity aide to reflect but not to exceed the total hours worked within the pay period.

**Completion of Form**

Column A - Services Provided - Enter Y (yes), N (no) under each sub-column. For areas that are blocked out, do not provide the information.

**DEFINITION OF SERVICES**

Administration - The administrative staff responsible for facility management such as the administrator, assistant administrator, unit managers and other staff in the individual departments, such as: Health Information Specialists (RRA/ARTI), clerical, etc., who do not perform services described below. Do not include the food service supervisor, housekeeping services supervisor, or facility engineer.

Physician Services - Any service performed by a physician at the facility, except services performed by a resident's personal physician.

Medical Director - A physician designated as responsible for implementation of resident care policies and coordination of medical care in the facility.

Other Physician - A salaried physician, other than the medical director, who supervises the care of residents when the attending physician is unavailable, and/or a physician(s) available to provide emergency services 24 hours a day.

Physician Extender - A nurse practitioner, clinical nurse specialist, or physician assistant who performs physician delegated services.

Nursing Services - Coordination, implementation, monitoring and management of resident care plans. Includes provision of personal care services, monitoring resident responsiveness to environment, range-of-motion exercises, application of sterile dressings, skin care, naso-gastric tubes, intravenous fluids, catheterization, administration of medications, etc.

## **GENERAL INSTRUCTIONS AND DEFINITIONS**

***(use with HCFA-671 Long Term Care Facility Application for Medicare and Medicaid)***

**Director of Nursing** - Professional registered nurse(s) administratively responsible for managing and supervising nursing services within the facility. Do not additionally reflect these hours in any other category.

**Nurses with Administrative Duties** - Nurses (RN, LPN, LVN) who, as either a facility employee or contractor, perform the Resident Assessment Instrument function in the facility and do not perform direct care functions. Also include other nurses whose principal duties are spent conducting administrative functions. For example, the Assistant Director of Nursing is conducting educational/in-service, or other duties which are not considered to be direct care giving. Facilities with an RN waiver who do not have an RN as DON report all administrative nursing hours in this category.

**Registered Nurses** - Those persons licensed to practice as registered nurses in the State where the facility is located. Includes geriatric nurse practitioners and clinical nurse specialists who primarily perform nursing, not physician-delegated tasks. Do not include Registered Nurses' hours reported elsewhere.

**Licensed Practical/Vocational Nurses** - Those persons licensed to practice as licensed practical/vocational nurses in the State where the facility is located. Do not include those hours of LPN/LVNs reported elsewhere.

**Certified Nurse Aides** - Individuals who have completed a State approved training and competency evaluation program, or competency evaluation program approved by the State, or have been determined competent as provided in 483.150(a) and (3) and who are providing nursing or nursing-related services to residents. Do not include volunteers.

**Nurse Aides in Training** - Individuals who are in the first 4 months of employment and who are receiving training in a State approved Nurse Aide training and competency evaluation program and are providing nursing or nursing-related services for which they have been trained and are under the supervision of a licensed or registered nurse. Do not include volunteers.

**Medication Aides/Technicians** - Individuals, other than a licensed professional, who fulfill the State requirement for approval to administer medications to residents.

**Pharmacists** - The licensed pharmacist(s) who a facility is required to use for various purposes, including providing consultation on pharmacy services, establishing a system of records of controlled drugs, overseeing records and reconciling controlled drugs, and/or performing a monthly drug regimen review for each resident.

**Dietary Services** - All activities related to the provision of a nourishing, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.

**Dietitian** - A person(s), employed full, part-time or on a consultant basis, who is either registered by the Commission of Dietetic Registration of the American Dietetic Association, or is qualified to be a dietitian on the basis of experience in identification of dietary needs, planning and implementation of dietary programs.

**Food Service Workers** - Persons (excluding the dietitian) who carry out the functions of the dietary service (e.g., prepare and cook food, serve food, wash dishes). Includes the food services supervisor.

**Therapeutic Services** - Services, other than medical and nursing, provided by professionals or their assistants, to enhance the residents' functional abilities and/or quality of life.

**Occupational Therapists** - Persons licensed/registered as occupational therapists according to State law in the State in which the facility is located. Include OTs who spend less than 50 percent of their time as activities therapists.

**Occupational Therapy Assistants** - Person(s) who, in accord with State law, have licenses/certification and specialized training to assist a licensed/certified/registered Occupational Therapist (OT) to carryout the OT's comprehensive plan of care, without the direct supervision of the therapist. Include OT Assistants who spend less than 50% of their time as Activities Therapists.

**Occupational Therapy Aides** - Person(s) who have specialized training to assist an OT to carry out the OT's comprehensive plan of care under the direct supervision of the therapist, in accord with State law.

**Physical Therapists** - Persons licensed/registered as physical therapists, according to State law where the facility is located.

**Physical Therapy Assistants** - Person(s) who, in accord with State law, have licenses/certification and specialized training to assist a licensed/certified/registered Physical Therapist (PT) to carry out the PT's comprehensive plan of care, without the direct supervision of the PT.

**Physical Therapy Aides** - Person(s) who have specialized training to assist a PT to carry out the PT's comprehensive plan of care under the direct supervision of the therapist, in accord with State law.

**Speech-Language Pathologists** - Persons licensed/registered, according to State law where the facility is located, to provide speech therapy and related services (e.g., teaching a resident to swallow).

## **GENERAL INSTRUCTIONS AND DEFINITIONS**

***(use with HCFA-671 Long Term Care Facility Application for Medicare and Medicaid)***

**Therapeutic Recreation Specialist** - Person(s) who, in accordance with State law, are licensed/registered and are eligible for certification as a therapeutic recreation specialist by a recognized accrediting body.

**Qualified Activities Professional** - Person(s) who meet the definition of activities professional at 483.15(f)(2)(i)(A) and (B) or 483.15(f)(2)(ii) or (iii) or (iv) and who are providing an on-going program of activities designed to meet residents' interests and physical, mental or psychosocial needs. Do not include hours reported as Therapeutic Recreation Specialist, Occupational Therapist, OT Assistant, or other categories listed above.

**Other Activities Staff** - Persons providing an on-going program of activities designed to meet residents' needs and interests. Do not include volunteers or hours reported elsewhere.

**Qualified Social Worker(s)** - Person licensed to practice social work in the State where the facility is located, or if licensure is not required, persons with a bachelor's degree in social work, a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling and psychology, and one year of supervised social work experience in a health care setting working directly with elderly individuals.

**Other Social Services Staff** - Person(s) other than the qualified social worker who are involved in providing medical social services to residents. Do not include volunteers.

**Dentists** - Persons licensed as dentists, according to State law where the facility is located, to provide routine and emergency dental services.

**Podiatrists** - Persons licensed/registered as podiatrists, according to State law where the facility is located, to provide podiatric care.

**Mental Health Services** - Staff (excluding those included under therapeutic services) who provide programs of services targeted to residents' mental, emotional, psychological, or psychiatric well-being and which are intended to:

- Diagnose, describe, or evaluate a resident's mental or emotional status;
- Prevent deviations from mental or emotional well-being from developing; or
- Treat the resident according to a planned regimen to assist him/her in regaining, maintaining, or increasing emotional abilities to function.

Among the specific services included are psychotherapy and counseling, and administration and monitoring of psychotropic medications targeted to a psychiatric diagnosis.

**Vocational Services** - Evaluation and training aimed at assisting the resident to enter, re-enter, or maintain employment in the labor force, including training for jobs in integrated settings (i.e., those which have both disabled and nondisabled workers) as well as in special settings such as sheltered workshops.

**Clinical Laboratory Services** - Entities that provide laboratory services and are approved by Medicare as independent laboratories or hospitals.

**Diagnostic X-ray Services** - Radiology services, ordered by a physician, for diagnosis of a disease or other medical condition.

**Administration and Storage of Blood Services** - Blood bank and transfusion services.

**Housekeeping Services** - Services, including those of the maintenance department, necessary to maintain the environment. Includes equipment kept in a clean, safe, functioning and sanitary condition. Includes housekeeping services supervisor and facility engineer.

**Other** - Record total hours worked for all personnel not already recorded, (e.g., if a librarian works 10 hours and a laundry worker works 10 hours, record 00020 in Column C).